Guide to Non-Medical Prescribing

February 2009

Please access the current application form at http://www.nmplearningnw.org/application/

Adapted from the Cumbria and Lancashire Strategic Health Authority Guide to Non-medical Prescribing December 2004

2009 revision by Dianne Hogg, non-medical prescribing lead, NHS East Lancashire

Prescribing for non-medical healthcare practitioners enables local health economies to achieve targets outlined in the NHS Plan and the wider policy context of the modernisation of the NHS through:
An improved patient experience by
- Maximising patient involvement in planning and delivery of care
- Providing high quality experience for patients and carers improve patient care without compromising patient safety.
- Non-medical prescribers being able to complete episodes of care therefore reducing access and waiting times
- Redesigning care around the patient, offering more choice and promoting one-stop care

Efficient use of resources and appropriate delivery of care
Prescribing forms one of the Chief Nursing Officer’s ‘Ten key roles for nurses’, likewise for pharmacists and Allied Health Professionals (AHPs).
Increasing the role of nurses, pharmacists and AHPs in schemes such as minor injuries units, specialist services and GP surgeries and may improve job satisfaction
Contributes to the introduction of more flexible team working across the NHS

Options for supply, prescription and administration of medicines

Patient Group Directions (PGD) (not a form of prescribing)

PGDs provide a legal framework to enable the supply and administration of a specific drug and a specific dose within specified criteria to a patient or a group of patients who may not be individually identified before presenting for treatment. PGDs apply to any licensed medicine, except Controlled Drugs of which a limited number can be supplied or administered under a PGD.
- Particular caution should be exercised in relation to PGDs for antibiotics, black triangle drugs, and medicines used outside the terms of the summary of product characteristics (off-licence), unless being used within local agreement of practice.
- A PGD must be drawn up by a multi-professional group and signed by a senior doctor and pharmacist, both who must have been involved in the group. In addition a governance and review procedure should be in place to ensure effectiveness and relevance.
- PGDs should not be adopted on a service-wide basis not by an individual practitioner or group, and the need for use highlighted through medicines management processes.
- The user should read and understand the PGD, be fully conversant with the use of the stated drug and a signature retained to that effect. At present, training for use or creation of PGDs is not obligatory but is advisory.
- The National Prescribing Centre (NPC) have published a competency framework document for PGDs which can be found on their website www.npc.co.uk
- The PGDs in use in East Lancashire are available on www.elmmb.nhs.uk

Who are able to use PGDs?

nurses physiotherapists orthoptists
midwives ambulance paramedics
health visitors dieticians
optometrists occupational therapists
pharmacists prosthetists
podiatrists orthotists
radiographers speech and language therapists

The professions who are presently designated as being able to use PGDs are listed above. Use of PGDs cannot be delegated to other healthcare workers such as health care assistants, assistant practitioners or students. For further information, see ‘to PGD or not to PGD?’ http://www.portal.nelm.nhs.uk/PGD/viewRecord.aspx?recordID=422
Independent Prescribing

Definition

“Prescribing by a practitioner (e.g. doctor, dentist, nurse, pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is ‘appropriate practitioner’.” (DoH 2006). The types of non-medical independent prescribing are described below.

- **Community Practitioner Nurse Prescribing (CPNP) (V100)**

  “Applicants must provide evidence of meeting the NMC criteria for eligibility to undertake an integrated prescribing programme as part of the Specialist Practitioner/Specialist Community Public Health Nursing Award. The criteria are:

  1. You must be a registered nurse and/or midwife, and
  2. You intend to practise in an area of clinical need for which prescribing from the Community Practitioner Formulary will improve patient/client care and service “ (NMC 2006)

  This training is incorporated into the specialist training for district nurse and health visitors, and is an optional module for other community nurses studying a specialist practitioner qualification.

- **CPNP for nurses without a community specialist practitioner qualification (V150)**

  Introduced in April 2008, this programme is aimed at community nurses who need to prescribe to complete episodes of care, the CPNPF is adequate for their needs and undertaking the V300 course would be unnecessary and impractical for the needs of their service. They must have at least 2 years’ experience post registration and evidence of level 3 (degree) studies.

  Both V100 and V150 prescribers are restricted to prescribing from the Nurse Prescribing Formulary for Community Practitioners (NPFCP) [http://www.bnf.org/bnf/bnf/56/119716.htm?q=%22npf%22](http://www.bnf.org/bnf/bnf/56/119716.htm?q=%22npf%22) which includes appliances, dressings, emollients, smoking cessation products and some medicines.

  The v150 course is 10 taught days over 3-5 months, with 10 days supervised practice with a nurse mentor who is a practising prescriber preferably in the same field as the candidate.

- **Nurse Independent Prescribing (V300)**

  A nurse independent prescriber must be a first level registered nurse, midwife or specialist community public health nurse whose name in each case is held on the appropriate part of the Nursing and Midwifery Council professional register, with an annotation signifying that the nurse has successfully completed an approved programme of preparation and training for nurse independent prescribing. (DoH 2006). The prescriber will be able to prescribe any licensed medicine for any medical condition, including some Controlled Drugs (see Annex G, DoH 2006). Nurse Independent Prescribers must only ever prescribe within their own level of experience and competence.

- **Pharmacist Independent Prescribing (V300)**

  A Pharmacist independent prescriber must be a registered pharmacist whose name is held on the membership register of the Royal Pharmaceutical Society of Great Britain, with an annotation signifying that the pharmacist has successfully completed an education and training programme accredited by the RPSGB and is qualified as an independent prescriber. Pharmacist Independent Prescribers can prescribe any licensed medicine for any medical condition, with the exception of all Controlled Drugs, until there are changes to the Home Office’s Misuse of Drugs regulations. Pharmacist independent prescribers must only ever prescribe within their own level of experience and competence.
Neither pharmacist nor nurse independent prescribing education is available separately, but is incorporated as part of the V300 prescribing course alongside supplementary prescribing. Pharmacist independent prescribing is currently available as an additional section to access separately following initial prescribing preparation, but is soon to be incorporated into V300 courses at most HEIs. The application form for the ‘top-up’ to independent prescribing is available from the NMP lead.

Supplementary Prescribing

Definition
"A voluntary prescribing partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient’s agreement." (Department of Health)

Any first level registered nurse, pharmacist, physiotherapist, podiatrist, radiographer or optometrist whose name is held on the relevant professional register, with an annotation signifying that the practitioner has successfully completed an approved programme of preparation and training for supplementary prescribing. Independent and supplementary prescribers must share the same common patient record. Supplementary prescribers must only ever prescribe within their own level of experience and competence.

Medicines to be prescribed by supplementary prescribers
Providing medicines are prescribable by a doctor or dentist at the expense of the NHS and they refer to the patient clinical management plan, then a supplementary prescriber is able to prescribe:

- All general sales list medicines
- All prescription only medicines with the current exception for some prescribers of controlled drugs
- Medicines for use outside the licensed indications, off label prescribing, black triangle drugs, and drugs marked less suitable for prescribing in the BNF
- Unlicensed drugs may not currently be prescribed unless they are part of a clinical trial, which has a clinical trial certificate or exemption.
- The supplementary prescriber should not prescribe any medicine that they do not feel competent to prescribe.

Education for independent/supplementary prescribing (V300)

Within the North West there are 8 Higher Educational Institute (HEI) providers of training. Nurses and pharmacists cannot train in supplementary prescribing separately from independent prescribing, but currently physiotherapists, podiatrists and radiographers can only access supplementary prescribing education. Optometrists are awaiting the legal go-ahead to become both independent and supplementary prescribers.

Who should train as an independent/supplementary prescriber?
Applicants for the prescribing preparation will need:

- The ability to study at degree level
- At least 3 years’ post registration clinical experience (or part-time equivalent), of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe. Please see the DoH document 2006 for more details.
- A medical or dental prescriber willing to supervise the student’s 12-day ‘learning in practice’ element of the preparation.

The support of their employer to confirm that:

- Their post is one in which they will have the need and opportunity to prescribe as a supplementary prescriber and/or to prescribe independently.
- there has been prior agreement about the therapeutic area in which they will prescribe
- For practitioners in primary care or across the primary care/acute care interface, they will have access to a prescribing budget on completion of the course
- They will have access to Continuing Professional Development (CPD) opportunities on completion of the course. The National Prescribing Centre have compiled competency frameworks for CPD relevant to profession, their resources are available on www.npc.co.uk

Pre-course Numeracy Assessment
The professional bodies expect that all applicants are numerate prior to commencement of the course. Part of the final assessment is a numeracy test, which has a 100% pass mark. In order to assess pre-course numeracy ability, the candidate will be expected to undertake an online numeracy test, of which the pass mark is 80%. The first part of the test comprises of a set of practice questions at which the candidate can make three attempts. If 80% is not achieved, the candidate is advised not to undertake the final test without doing some work to improve numeracy ability.

Try these sample questions:

1. Your patient weighs 70kg and requires a dose of drug A of 300mg per kg per day. What is the daily dose in grams?
2. If drug B concentrate 100mg/5ml is used to give a dose of 60mg for breakthrough pain, how many mls are required?

For further sample questions, see http://www.lanpdc.scot.nhs.uk/calculations/dc.asp.
http://www.testandcalc.com/quiz/testmet.htm
http://www.liv.ac.uk/csrc/e-learning/drug_dose_calculations/index.htm

On these sites are drug calculation questions with each calculation explained clearly.

The numeracy test is for access to prescribing preparation for any field of NHS practice and the questions are selected randomly. The candidate may have to answer questions from outside their own field of clinical expertise but the underpinning mathematical principles are the same.

The numeracy test is only available to those applying for non-medical prescribing education. To access the test or further information, please contact Dianne Hogg, non-medical prescribing lead.

Length of programme
The specific programme of preparation (V300) is the equivalent of 26 taught days, plus 12 days ‘learning in practice’ over approximately 6 months. The HEIs in the North West deliver part of the taught time via E-learning, contacts to be approached for further details.

The total length of the programme, in both theory and practice, is therefore 38 days equivalent. The programme currently attracts 20-45 academic credits (CATS points) at Level 3 or 4 depending upon the HEI.

Course details
For current course details and assessment methods, please see the NMP North West website:

http://www.nmplearningnw.org/precourses/index.html
Please note: all of the prescribing courses do not teach diagnostic skills.

It is important that employers of practitioners undertaking the programme recognise the elements of private study, providing the support where necessary.

Medical Supervision – requirements for supervised learning in practice

Practitioners undertaking the course require a medical prescriber willing to supervise them in 12 day ‘learning in practice’ element of the preparations. Some of the mentorship time may be achieved by utilising experienced pharmacists and non-medical prescribers for support and advice whilst retaining the medical mentor as the key assessor.

The doctor or dentist who provides that medical supervision must be a registered practitioner who:

1. Has normally had at least 3 years’ medical treatment and prescribing responsibility for a group of patients/clients in the relevant field of practice.
2.a. Is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-Graduate Training in General Practice Certificate (JCPTGP)
   Or
2.b. Is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer.
3. Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice.
4. Has some experience or training in teaching and/or supervising in practice.

For further information, please access [http://www.npc.co.uk/pdf/designated_medical_practitioners_guide.pdf](http://www.npc.co.uk/pdf/designated_medical_practitioners_guide.pdf)

Funding

The course fees for NHS staff are covered from DH central funding via NHS North West (the Strategic Health Authority). Replacement / backfill and costs for travel to and from the HEIs are not covered.

The once-only fee to record the prescribing qualification on the appropriate professional register is the responsibility of the qualified non-medical prescriber.

For further information about non-medical prescribing, please contact Dianne Hogg, non-medical prescribing lead

Adapted from the Cumbria and Lancashire Strategic Health Authority Guide to Non-medical Prescribing December 2004

Dianne Hogg, Non-medical Prescribing Project Manager, CLSHA following consultation with the Non-Medical Prescribing Leads and Universities in Cumbria and Lancashire, December 2004
References and Further Reading


National Prescribing Centre, Competency frameworks for nurse, pharmacist, optometrist and allied health professional non-medical prescribers http://www.npc.co.uk/non_medical/competency_frameworks.htm


Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Prescription only medicines</td>
<td>Those medicines only available on prescription</td>
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<tr>
<td>Pharmacy medicines</td>
<td>Those medicines only available for purchase from a pharmacy</td>
</tr>
<tr>
<td>General sales list medicines</td>
<td>Medicines available for purchase in sealed packs from lockable premises e.g. supermarket, petrol station</td>
</tr>
<tr>
<td>Controlled drugs</td>
<td>Those medicines listed in law by the Medicines and Healthcare products Regulatory Agency (MHRA) as liable to misuse as such their use is carefully monitored</td>
</tr>
<tr>
<td>Licence</td>
<td>Awarded to medicines following their development authorising their use in the UK, it details through the Summary of Product Characteristics produced by drug companies the use of the drug in question</td>
</tr>
<tr>
<td>Off-licence/label</td>
<td>The medicine is licensed but is prescribed for use outside the licence’s instructions</td>
</tr>
<tr>
<td>Unlicensed</td>
<td>Not awarded a licence for use in the UK, but may be licensed in another country</td>
</tr>
<tr>
<td>Black triangle</td>
<td>Medicines annotated with the symbol in the BNF, indicating a need for vigilance, the medicine may for example be new on the market. All adverse reactions must be reported to the MHRA through the Yellow Card system</td>
</tr>
<tr>
<td>National Prescribing Centre</td>
<td>Government agency based in Liverpool. See their website for more details</td>
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<tr>
<td>OSCE</td>
<td>Practical assessment using structured planned scenarios</td>
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